



MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
OFFICE OF EMERGENCY MEDICAL SERVICES

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DISCREPANCY REPORT FORM
BASIC EMERGENCY MEDICAL TECHNICIAN

Complete the Discrepancy Report Form **ONLY** if you did not receive proper credit or if there is a problem with your Continuing Education record. We must receive this form in order to research your problem. If you are seeking special credit for a course without an OEMS approval number, you must include a copy of a proof of completion document as well as a copy of the course outline, syllabus, catalog description, or other listing of course content and length. Rules regarding Special Credit are available on our website:

www.mass.gov/dph/oems

Enter the information on the screen, save it to your computer, and email it to recert@dph.state.ma.us. Or mail the completed form to:

Dept. of Public Health, Office of Emergency Medical Services, 2 Boylston St., 3rd Floor, Boston, MA 02116.

EMT NUMBER		PLEASE PRINT CLEARLY	
FIRST NAME (space) MIDDLE INITIAL (space) LAST NAME			
MAILING ADDRESS or PO BOX			CITY
STATE	ZIP (5 or 9 digits)	DAYTIME PHONE	EMAIL ADDRESS

THE PROGRAMS LISTED BELOW DO NOT APPEAR ON MY PRINTOUT

Start Date	End Date	OEMS #	Program Title	Sponsor	Location